

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/521,063
Filing Date	October 16, 2006
First Named Inventor	Whye-Kei Lye
Art Unit	3774
Examiner Name	PREBILIC, PAUL B
Attorney Docket Number	021764-000720US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At client's request.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Medtronic Vascular, Inc. Attn: Kim S. Grigg		
Address	3576 Unocal Place		
City	Santa Rosa	State CA	Zip 95403
Country	USA		
Telephone	(707) 566-1375	Email	kim.grigg@medtronic.com
Signature	/Mark D. Barrish/		
Name	Mark D. Barrish	Registration No.	36,443
Date	January 24, 2008	Telephone No.	650-326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.